

**DADE CORRECTIONS & REHABILITATION DEPARTMENT
NON-STAFF APPLICATION**

STEP ONE: Indicate the respective bureau and facility.

***One Application per facility.**

Chaplaincy Services Bureau

- ☐ Counselor
- ☐ Mentor
- ☐ Worship Service
- ☐ Family Counselor
- ☐ Other_____

Rehabilitative Services Bureau

- ☐ Counselor
- ☐ AA
- ☐ NA
- ☐ DCPS Instructor
- ☐ Licensed Professional_____
- ☐ Other_____

Facility/Contractor

- ☐ Boot Camp
- ☐ Pre Trial Detention Center
- ☐ Turner Guilford Knight
- ☐ Stockade
- ☐ MetroWest Detention Center
- ☐ Womens Detention Center

STEP TWO: Please complete the following questions and read the rules and regulations. Sign the application indicating your understanding of the rules and regulations.

PERSONAL IDENTIFICATION INFORMATION

HAVE YOU EVER BEEN ARRESTED OR DETAINED?_____ IF YES, PLEASE EXPLAIN THE
CIRCUMSTANCES AND OUTCOME: _____

HAVE YOU BEEN CONVICTED OF A CRIME?_____ IF YES, PLEASE EXPLAIN: _____

NAME_____ DOB_____

MAIDEN NAME_____ RACE_____ SEX_____

SOCIAL SECURITY#_____ DRIVER'S LICENSE#_____

HOME ADDRESS_____ HOW LONG_____

CITY_____ STATE_____ ZIP CODE_____

HOME TELEPHONE_____ PAGER_____ CELLULAR_____

E-MAIL ADDRESS_____

EMPLOYER_____

EMPLOYER ADDRESS_____

SUPERVISOR_____ PHONE#_____

WHAT SERVICE WILL YOU PERFORM?_____

NUMBER OF VISITS PER WEEK_____ WHICH DAYS OF THE WEEK?_____ WHAT TIME_____

SPECIAL SKILLS OR TRAINING?_____

WHAT LANGUAGES DO YOU SPEAK?_____

HOW WERE YOU REFERRED TO THIS POSITION?_____

NON-STAFF APPLICATION

PAGE 2 OF 2

STEP THREE: Attach two photos of the applicant that must be taken by correctional staff.

STEP FOUR: The following documentation must be submitted and attached to the application:

Services Volunteers: Letter of recommendation from their pastor, priest, rabbi, or house of worship **Religious** leader indicating that they have been a member in good standing for a minimum of one year. Submit acceptable form of identification (copy of a valid driver's license or state of Florida identification card).

Rehabilitation/Social Services Volunteers: Letter identifying themselves, their position, and the service to be provided. Licensed professional must submit a Copy of their license/certification volunteering in a professional capacity.

STEP FIVE: By your signature below, the Bureau, submitting the application for approval, acknowledges that they have reviewed the application for completeness and ensured that the documentation and pictures required have been attached.

Interviewed & Verified By: _____
(Signature of Staff) (Title & Badge #) (Date)

CRIMINAL BACKGROUND CHECK CONDUCTED BY: _____
(Staff Signature)

TITLE AND BADGE # DATE

Pass Number _____ Pass Color _____ Date Issued _____

****Once the applications has received final approval/disapproval, it must be hand delivered to Security Operations Personnel, C& R Headquarters, 3rd Floor**

**METROPOLITAN DADE COUNTY
CORRECTIONS AND REHABILITATION DEPARTMENT
NON-STAFF RULES AND REGULATIONS**

The following list of rules must be followed at all times by Non-Staff who work/volunteer and are assigned in a facility for the Corrections and Rehabilitation Department.

1. Non-Staff Workers/Volunteers will not give anything to an inmate unless authorized by the Facility Supervisor in writing.
2. Non-Staff/Volunteers will give no personal favors to any inmate.
3. Non-Staff/Volunteers will treat inmates with dignity and respect.
4. Non-Staff/Volunteers will abide by the rules and regulations of the facility and the Department.
5. Non-Staff/Volunteers will be properly dressed when entering a facility.
6. Sexual conduct with inmates, regardless of consensual status is prohibited.
7. If any Non-Staff/Volunteers has any questions as to his/her conduct, he/she should contact the Shift Supervisor, Shift Commander, or the Facility Supervisor.
8. Any problems with an inmate should be immediately reported to a correctional officer, Shift Commander and documented on a memo or incident report.
9. You will be given a tour of this facility. Familiarize yourself with the Shift Commander's area, evacuations routes, alarms, clinic, telephones and central control booth.
10. Non-Staff/Volunteers will not smoke while in the facility, nor will he/she introduce or give any tobacco products (cigarettes, cigar, chewing tobacco, lighters, or matches) to an inmate(s) in any facility.
11. No proselytizing (converting inmates from one belief to another) for specific churches or denominations.
12. Religious Volunteers will not teach of church ordinances or sacraments without prior approval of the Chaplain's office.
13. Non-Staff/Volunteers shall not accept phone calls from inmates at their personal residence or telephone.

I, the undersigned, have read and understand the Rules and Regulations of the Department and agree to adhere to them to the fullest. Failure to abide by the rules and regulations of the Corrections Department may lead to your pass being revoked. I also understand that violation of some of the rules and regulations may lead to criminal charges being filed against me.

Signature _____ Date _____